

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jan Albert Creusere
3943 Hazel Avenue
Cincinnati, OH 45212-3827

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
Jan Albert Creusere
- B. Received By (Printed Name) C. Date of Delivery
 11-20-03
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7003 1680 0000 0330 3675

2. Article Number
(Transfer from service label)PS Form 3811, August 2001
01-163 (Rev. 8-7) TSH

Domestic Return Receipt

102595-02-34-1540